

Thoughtful Care Limited

Caremark Central

Bedfordshire

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Caremark Central Bedfordshire is a domiciliary care agency providing personal care to people 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.

The service was supporting 26 people. At the time of the inspection, 16 people were being supported with personal care.

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

People were happy with the care and felt safe with the way staff supported them, which they said was kind, caring and respectful. One person told us, "[Staff] are always friendly and have a smile ready. They are cheerful and extremely polite; they always start the day with a good morning. I am very happy. [Staff] present with patience."

Risks to people's health and wellbeing were assessed and staff understood what they were doing and how to identify and report any concerns. People told us they were reassured and felt safe from the risks of infection and COVID-19. This was because staff washed their hands regularly and always wore masks, gloves and aprons when supporting them.

People felt listened to and were happy to speak to the registered manager or staff team if they had a complaint. They told us staff were approachable and any concerns were resolved quickly.

People's care was planned to be personalised and they told us they were fully involved in the planning and review of their care. The staff team were flexible when anything changed and regularly sought people's views about this. People told us their medicines, meals and drinks were all provided correctly in ways they preferred.

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.

The registered manager ensured all staff had been checked prior to employment to make sure they were suitable for their role and people would be safe. Staff received full training and induction and took time shadowing other staff. This was so they could get to know people well and how they liked things to be done before providing their care.

The registered manager and staff team followed all the current government guidance and legislation to make sure they were following best practice.

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

Rating

This service was registered with us on 15 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 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 Central Bedfordshire

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector and one 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 houses.

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. 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 4 January 2022 and ended on 11 January 2022.

What we did before inspection

We reviewed information we had received about the service since it was registered with the Commission. We sought feedback from the local authority and professionals who work with the service and Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two professionals who regularly work with the service.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm as staff had received training and understood how to keep people safe. Staff gave us examples of different types of abuse and what that might look like. They were confident about how to report their concerns both internally to the company and externally to other agencies such as the CQC and the council safeguarding team.
- People told us the staff made them feel safe, particularly when supporting them with personal care. One person said, "I feel very safe with [the staff]. They are very good and they are very meticulous. If I am in the shower, they always look after me and make sure I am gripping the grab rails tightly." A relative told us how their family member also felt safe due to the quality of care given. They told us, "The [staff] we get are exceptional. They are very caring. My [family member] gets on very well with them."
- There were systems in place to identify concerns or incidents quickly and take action to safeguard those involved. These were monitored and followed up by the registered manager who put actions in place to reduce the risk of re-occurrence.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, managed and monitored. The registered manager regularly reviewed and updated them. These were available to staff who understood how to work in ways that reduced the risk of harm.
- People told us they were involved in assessing risks and were aware of changes in their care plan following a change in their condition. One person told us, "I was involved [in the assessment]. I had a fall last year and risks of falls were noted."

Staffing and recruitment

- There were sufficient numbers of staff for each care visit and people told us staff were never late and had never missed a care visit. People told us they were really happy they were always supported by the same staff team who they could rely on. One person said, "[Staff] turn up at the agreed time. If I call the office there's always someone there to answer any queries."
- The registered manager followed processes in their recruitment policy to ensure all new staff had been checked for suitability of their role. This included references and criminal record checks.
- Staff told us they felt very supported and happy to work for Caremark Central Bedfordshire. However, the registered manager told us they had seen an impact on being able to recruit new staff. They said this was due to factors such as vaccination as a condition of employment, changes to immigration rules and staff leaving to work in other sectors.
- While vaccination as a condition of employment was not yet a legal requirement for domiciliary care staff, this was already having an impact on attracting new staff to the sector. The registered manager and staff

team felt strongly they wanted to do all they could to protect themselves and the people they supported and so have taken the pro-active step to become fully vaccinated against COVID-19.

Using medicines safely

- Medicines were safely managed. The staff did not support everyone with medicines but those who were, told us the medicine was always correctly administered on time. One person told us, "[Staff] support me with my medicines and wait until I have had my pills, we have a routine."
- Records were clear and risks for medicine administration had been assessed. Staff had received training in medicine administration and were observed by senior staff to check their practice was of a good standard.

Preventing and controlling infection

- The registered manager provided training and Personal Protective Equipment (PPE) such as gloves, aprons, masks and sanitiser to ensure the risk of infection was minimised. Staff told us they had plenty of supplies of PPE and could always ask for more. People and staff in high risk groups had individual risk assessments to agree any additional measure required to keep them safe.
- People said staff routinely washed their hands and wore the correct PPE and they felt reassured by this.
- Staff took part in a regular testing scheme to test for the COVID-19 infection. There were up to date policies in place about what to do in the event of any concern in relation to IPC or COVID-19. The registered manager had contingency plans in place for staff absence or other emergencies in the event of an infection outbreak.

Learning lessons when things go wrong

- The registered manager understood the importance of supporting staff to reflect on problems and incidents. They used real life scenarios and example documentation with deliberate mistakes as a training tool for staff to think about what they would do in the event of an error or incident occurring. This helped staff to become confident in problem solving, identifying risks and knowing what to do in those circumstances.

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

- The registered manager assessed the needs of each person prior to them starting to deliver the care. This information contained their mental and physical health needs, personal history, likes and dislikes and was used to inform their care plans and risk assessments.
- The person themselves, their relatives and various professionals were involved in this process to ensure a full understanding of what care was required. A relative told us, "I wrote the care plan based on what we had with previous agencies. I tweaked it here and there."

Staff support: induction, training, skills and experience

- The registered manager provided staff with access to all training required for their role. Staff also had the opportunity to shadow more experienced staff when they first started and spent time getting to know people and how to provide their care. Staff were observed and had their practice checked by a senior member of staff on a regular basis.
- People and relatives told us they were impressed with the staff's knowledge and skills. One person said, "The [staff] are well trained." A relative told us, "The new [staff] come with someone who is familiar. They come several times during different shifts so that they become familiar with the person."

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

- Staff understood what people's needs and preferences were in relation to eating and drinking. Not everyone required staff to help with meals and drinks.
- People who did need help, had this documented in their care plan and told us they were happy with the food prepared and were always given choices. One person said, "I can do (some) meals. [Staff] always do my breakfast and lunch, they tend to do that, but I can do some for myself. I do the big meal in the evening."

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

- The registered manager and staff team worked with a variety of health and social care professional such as district nurses, GP's, paramedics and social workers to ensure people received the right care at the right time. They had good systems of communication so that staff were aware of any changes to needs or medicines and the person's care plan could be updated.
- People were happy with the support and told us they were supported to access all of the healthcare professionals and resources they needed.
- The registered manager told us about an example of agreeing a change of care visit time with a person and their district nurse in order to avoid delays in treatment.

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 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 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.

- People had the mental capacity to make their own decisions about their care. However, the registered manager understood the principles of the MCA and had processes in place to raise concerns if they ever felt a person was not able to make their own decisions.
- Staff had received training in the MCA and DoLS and understood the importance of seeking consent and explaining what care they would be giving and when and how this would be done.
- People had signed consent for their care and treatment and told us they were happy that staff always respected what they wanted on the day. One person told us, "[Staff] ask me what I would like them to do next."

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 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

- Staff treated people with kindness and respect. People told us staff were caring and patient. One person said, "[Staff] are excellent." Other people told us, "[Staff] are absolutely wonderful. They provide such good care." And, "[Staff] are kind, considerate, and caring."
- Staff were proud of the quality of care they delivered and understood the importance of treating people equally and with consideration of people's preferences. One staff member told us how they always ensure the first thing they do is introduce themselves and say hello and have a chat.

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

- People and their relatives told us they were given the opportunity to regularly give feedback on their care using a variety of methods. One person told us, "I have told [the registered manager] I don't like questionnaires and would rather talk. Normally someone comes around instead." Another person said, "[The registered manager] asks about the care and reviews how things are going. They came around and phoned a couple of times."
- People told us the registered manager also sometimes provided their care and this gave them the opportunity to chat informally about the care they received. The feedback received was then used to update care plans or improve staff practice.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their privacy and independence. One person said, "When I have personal care, no one is allowed to come into the room." One staff member told us, "I make sure the curtains are closed and doors are shut in case they live with someone or due to people walking by. I always say to them would you like me to help you or are you ok doing it yourself?"
- Another staff member explained how important it was to support one person's independence and uphold their dignity after they had broken their wrist. They told the staff they still wanted to do their own household chores and so staff worked out how they could do this safely.

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

- The registered manager ensured people's preferences and interests were included in their care plans. Staff were able to demonstrate a good understanding of people's needs, likes and dislikes. Care visit times and approaches were flexible to meet people's changing needs and abilities. For example, agreeing to reduce the amount of care visits when a person's abilities and confidence improved.
- People said that staff were well trained and knew what they were doing. One person explained how staff sometimes went above and beyond without being asked. They told us, "Sometimes [staff] spring a surprise on me. One day the airing cupboard was a mess, one carer took all my clothes out and put them in tidy groups and rows and made a wonderful job of it. I didn't ask them, they told me and I looked and I was very impressed."
- There were other examples of personalised care. This included the positive impact it had on one person when staff spent extra time looking through photographs of their loved ones and giving them time to talk about the past. Another person really wanted to write their own Christmas cards but a health condition made this very difficult and painful. Staff took time after the care visit to sit and help them write the cards and maintain this area of independence and control.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed prior to using the service. People were able to communicate verbally and did not require any adjustments. However, the registered manager was aware of the need to provide information in ways people could understand in the future.
- It was noted in people's care plans where people wore hearing aids and needed staff to speak a bit louder and clearer.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place that recorded all complaints. Detailed information was written down along with all actions and outcomes. Once the complaint had been resolved to people's satisfaction, the staff team followed up weeks later, to check things were still good.
- People we spoke with said that they have never had to complain formally, but they knew how to do so if they had to. People said they would ring the number on front of the logbook. One person told us, "[The registered manager] is here all the time. They are a delightful person. I feel very happy to talk to them if I ever

had a concern."

End of life care and support

- End of life wishes had been reviewed for people who wished to discuss them. The service was not currently supporting anyone receiving end of life care, but the registered manager had processes in place should this occur.

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 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

- The registered manager promoted a personalised approach to care that meant staff understood about respecting people's choices. Their focus and aim of the business was that people felt safe and cared for, had regular staff members who knew them well and that there were clear lines of communication.
- People and relatives were very happy with the quality of care and the way staff supported them. One person said, "Staff are good at their jobs, kind and considerate." Everybody said they would recommend this service to other people who required care in their own homes.

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 provider understood the need to report notifiable events to the CQC and other agencies without delay. They also understood the importance of sharing outcomes with people and staff to learn from them and ensure open communication.

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

- The registered manager and staff team understood their role and how their practices affected people's well-being and confidence. They had systems in place to monitor quality and used a variety of feedback tools to assess and reflect on practices and identify what could be further improved.
- They had a good understanding of the legislative requirements and subscribed to various newsletters to ensure they kept up to date with changes to best practice and government guidance.
- Staff performance was regularly reviewed. One staff member told us, "I have had a few spot checks. I am always happy to see them. It is done in a supportive way and it is a good time to raise things I am not sure about as they can see it and go through it with me."

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

- The registered manager gave people the opportunity to talk and provide feedback in the way they preferred. They did not send out annual surveys at this stage, but they used care review questionnaires and phone calls and face to face visits as ways of keeping communication lines open.
- People told us communication was positive and they all knew the registered manager well. One person said, "There is good communication. We get a rota [to tell us which staff is coming] and the office are easily

contactable."

- Staff told us that the registered manager listened to them and quickly implemented ideas for change where it was possible to do so. Staff told us this made them feel empowered to make further suggestions and feel valued. One staff member said, "They listen to you and if you have a problem you can talk to anyone and they act on what you have said."

Continuous learning and improving care

- The registered manager was very passionate about continuous learning, they encouraged regular sessions for formal reflection on practice. They also used immersive training methods such as special glasses, headphones and mobility aids and hoists. These enabled staff to understand what it felt like to be supported with mobility equipment or to live with conditions such as dementia.
- Staff felt able to ask for additional support, extra shadow shifts or additional training to ensure they were confident in their roles. One staff member told us, "The training is really good. We always get supervision every month to make sure we are still all happy that we haven't got any concerns about the clients or for ourselves or staff issues."

Working in partnership with others

- The registered manager worked with health professionals to review people's care and arrange for any equipment and medicine to be put into place.
- Professionals who worked with the service told us they had no concerns and previous assessments had been positive.
- The provider told us how they worked with the local authority and hoped to be able to support more people who required care in their homes. However, the registered manager told us they were not able to accept additional care packages at the moment due to workforce pressures in the sector that made recruitment very difficult.