

M&P Care PVT Ltd

# Caremark Peterborough

## Inspection report

Olympus House  
Staniland Way  
Peterborough  
PE4 6NA

Tel: 01733302473

Website: [www.caremark.co.uk/locations/peterborough](http://www.caremark.co.uk/locations/peterborough)

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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 Peterborough is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a service to older adults some of who are living with dementia, people with mental health needs and people with a physical disability. At the time of the inspection five people were supported by the service.

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.

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

Trained and knowledgeable staff helped protect people from harm, or the risk of this, as staff knew how to identify and report any potential abuse or risks to people. One person told us, "I have four care visits every day and [staff] are always on time and stay until, everything is done." Risks to people were identified and managed well. Competent staff administered and managed people's medicines as well as promoting people's independence to do this themselves.

Enough safely recruited staff with appropriate skills helped ensure people's needs were met. Systems and staff training about infection prevention and control (IPC) meant any risks for spreading infections were minimised. Lessons' were learned and shared amongst the staff team when things went wrong.

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. One person said "[Staff] always ask me what I want. I then choose, even if they don't agree, they respect my decisions."

People's care and support needs were centred on the person. People communicated effectively as staff had a good understanding of treating every person equally well. People's care was compassionate, respectful, and staff were promoted independence at every opportunity. People had privacy when needed and staff upheld people's confidentiality.

Concerns were acted on before they became a complaint and compliments were used to identify what worked well; this helped ensure good practise was sustained. Skilled, compassionate staff ensured people's end of life care was dignified.

The registered manager understood their responsibilities. Staff were supported in their role to be open and honest by promoting the provider's values. People had a say in how the service was run and managed. Quality assurance procedure and oversight of the service was effective in driving sustained improvements. The provider worked well with others involved in people's care to help ensure their care was joined up.

#### Rating at last inspection

This service was registered with us on 24 June 2020 and this is the first inspection.

#### Why we inspected

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe 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 well-led.

Details are in our well-led findings below.

Good ●

# Caremark Peterborough

## 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

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 four days' 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. This was as well as ensuring people could consent to us speaking with them.

Inspection activity started on 2 September 2021 and ended on 6 September 2021. We visited the office location on 6 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. This included events reported to us such as deaths. 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 this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two people's relatives. We spoke with five staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from a social worker.

We reviewed a range of records. We looked at two people's care records and one staff file in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, incidents, staff training and supervision planning records and medicines administration records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training and supervision records, analysis of incidents and compliments.

# 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

- Staff understood what safeguarding meant to each person they supported, and this helped keep people safe, and without discrimination.
- Staff knew how to implement safeguards for people, what to do if they had any concerns, and to whom they would report any concerns. For instance, the registered manager. One staff member told us, "I would look out for any unexplained bruising, a lack of money to buy food, neglect of personal hygiene. I then report to the [registered] manager who takes swift action."
- People were given information about what keeping safe meant to them, and processes and actions were implemented to do this safely. For instance, by implementing a lifeline pendent to call for assistance.

Assessing risk, safety monitoring and management

- Risks to people including for health conditions, falls, equipment and their home environment were identified and well managed.
- Risks assessments provided staff with detailed guidance how to manage risk including for support with eating and drinking. Where people had all their food and most drinks by a tube into their stomach wall. This is known as a Percutaneous Endoscopic Gastrostomy (PEG). Every step of this process was clearly recorded. One person said, "Staff are diligent in keeping my tube clean."
- Staff understood when to involve external health professionals to help mitigate risks to people including specialist nutritional nurses, and speech and language therapists.

Staffing and recruitment

- The registered manager recruited suitable staff with a robust recruitment process. Checks for staff's suitability included for any criminal records, a full employment history and recent photographic identity. One staff member said, "I did have gaps in my employment but I explained these."
- People told us they always had enough staff who undertook their care and support without rushing. One person told us, "If staff are running a few minutes late they tell you why. It is never a problem."
- Staff were deployed in a way which meant they had enough time for travel. A relative said, "We get the same staff most of the time. Never get new staff without a through introduction to my [family member]."

Using medicines safely

- People's prescribed medicines were administered and managed safely by trained and competent staff.
- Staff were kept up to date about administering medicines in the community guidance, including ensuring the time between each dose was as prescribed.
- Wherever possible people were supported to take their medicines as prescribed. One staff member told us

about administering medicines where people were administered these via a PEG. One person told us staff recorded their medicines accurately and ensured they never ran out of stock. Another said, "I get my medicines on time, every time."

#### Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the COVID-19 testing programme.
- Staff were trained how to prevent infections, how to wear personal protective equipment (PPE) correctly and how to dispose of it safely. One person said, "[Staff] always wash their hands, they change their PPE and wear gloves when applying my [topical] skin creams."
- Staff ensured they maintained good standards of hygiene including for food preparation and personal care.

#### Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred and took action to help prevent recurrences.
- The registered manager told us about how open staff were in reporting incidents, such as, medicines recording errors, and other incidents which had the potential to cause harm including a fall.
- Staff told us that they were kept informed about changes following an incident, that learning was had, and monitoring of this was completed to help ensure incidents didn't reoccur. This showed that there was an open learning culture.

# 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

- A comprehensive assessment of people's needs was undertaken based on national standards, such as for different types of nutrition, medicines administration in the community, and dementia care.
- People's needs were then met by staff who understood how best to meet these included people who had a disability or impairment. One staff member told us how they used an App on their mobile phone to communicate well with a person who was deaf. This meant the person was listened to.
- Staff ensured each person's choices were respected and people were treated equally well without discrimination. Examples of this included the use of technology, equipment for mobility and staff's understanding of equality and diversity policies.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs and developed skills. These included the completion of The Care Certificate (a nationally recognised qualification in care), and support from a qualified trainer.
- Staff also undertook training on specialist subjects including dementia care, PEG feeding, diabetes and various health conditions.
- Staff spoke highly of the support the registered manager provided including regular supervision. This could be office based, when providing care and support or through reflective practice. One staff member told us, "I don't have to wait for a formal supervision. I just ring the [registered] manager and they act straight away."

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

- People were, as far as practicable, supported to eat and drink independently and to make healthy choices. One person told us, "I can get my own meals and drinks. Staff sometimes get these for me if I ever need some help."
- The registered manager told us about how they had supported a person living with dementia to be able to regain skills to prepare meals or place these in the oven, so they were ready when staff arrived. Another person was supported with a diet of their choice, such as vegetables, grains, nuts and fruits.
- Systems were in place to ensure people at risk of malnutrition ate and drank enough.

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

- The registered manager and staff team took prompt action to support people including to have the right equipment, community nurses, dieticians, and if needed a GP.
- People benefitted from this. In one situation two staff had supported a person to attend a hospital

appointment on a weekend when their family member was not well enough to do this. This meant the person's treatment was not delayed which helped improve their general health.

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

- Staff and people's representatives, such as family members, supported people to access healthcare services.
- People who had ongoing healthcare support were able to continue living at home. One person said, "I am grateful to staff as I have now been out of hospital for a while now. I prefer to be in my own home. They are ever so good at [meeting my needs] and requesting a healthcare professional when needed."

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.

- Staff were confident in the application of the MCA and its five key principles. One staff member said, "I always assume people have capacity to make a choice about what to eat, wear, and also if they made a choice I felt unwise. I would report anything I felt was unsafe." This was if the person didn't have capacity to make that decision.
- Staff were skilled in offering people a choice where people could not always make decisions for themselves. One staff member told us, "I would offer a choice of foods or assist the person into the kitchen and let them look in the fridge. I then make suggestions but not without giving the person time to choose."
- People who lacked mental capacity for decisions had these made for them in their best interest. This was with a lasting power of attorney. This is a legal document which allows people to give individuals they trust the authority to manage their affairs now and in the future. One relative told us, "I do make decisions about finances. I make sure my [family member] gets the care and support they need."

# 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

- All staff supported people to live a life they wanted at home and to listen to what people said, no matter how people communicated. Staff did this respectfully, with kindness and compassion.
- One person told us how careful staff were when helping them bathe and with dignity. They said, "Staff help me have a bath, because of my health condition. They know the finer points of my care and as a result my skin is healing very well now as staff are always careful."
- Staff provided people's care at a pace people felt comfortable with. A staff member said, "I would never rush, I always allow people who can to clean their own teeth. The last thing we would want is to take over." We found that this had resulted in people regaining skills and learning new ones.

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

- Staff took every opportunity to involve people in their care and ensured people were listened to equally well.
- People were also supported with relatives or other advocates to determine how best to support and care for the person.
- One relative told us how staff never stopped listening to whatever their family member was saying to them. A staff member said, "We give people every possible chance to tell us what they want and how we should respond. Just because a person has a disability does not stop us treating them equally well." Another told us, "I get to know people well, developing a good level of trust, and knowing the person's likes and dislikes. It is good to have a shared interest such as, travelling and points of conversation."

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity, and in a way which promoted independence.
- One person said, "[Staff] get my bath ready first. They only wash part of me at a time. They cover me up, keep me warm and close the doors whilst they do this. I tell them when I am finished, I like some privacy."
- Staff were consistent in their approach to people's care by ensuring people could do as much for themselves as possible. One staff member told us, "It's not about doing everything for people. It is about keeping, or improving independence."

# 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

- People's care plans were developed with the person or their representative, and gave a detailed record of what individualised care meant to the person.
- Records and guidance for staff included what the person's interests were, what made a difference to their lives, and what the best way was for staff to help people achieve their goals. Examples including putting plans in place so people could attend events that brought back happy memories, such as going to a circus.
- Staff took account of people's interest, pastimes and hobbies. One person told us how staff respected their choice of music and often shared conversations about this.

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.

- Staff had a good understanding about each person's communication needs and how best to support people to be heard, listened to and cared for in a person centred way. One staff member told us how they either wrote things down to communicate or an App on their phone. This meant the person remained independent and able to remain at home.
- In another situation the registered manager had recognised the need for a person to have, and put in place, a wireless doorbell so the person could call staff when they weren't in the room with them. This removed worries and anxieties for the person in communicating their wishes.

Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint, and compliments were used to identify what worked well.
- People told us that regular communications with the registered manager meant that small issues were resolved, and actions taken to mitigate any future risk of recurrence.
- Staff knew what could constitute a complaint and how to support people access the complaints process. One staff member said, "I record all the niggly things as these can soon become a big thing."

End of life care and support

- As well as policies and procedures being in place, skilled and competent staff were able to support people

with their end of life care.

- In one situation staff had stayed with a relative overnight to ensure the person was not alone. The following day, staff followed the cultural wishes of the person and helped the relative with these.
- Another relative praised staff for all they had done and for being there at a sensitive time. They had stated, "I had very high expectations for [family member] and I wasn't disappointed. All the care was excellent from the first day to the last. Staff were professional, caring and respectful. All the medicines were in place and liaison with others involved in the end of life care. Most of all [family member] loved the staff and died with dignity."

# 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 explained many of the things they had done for people including help with on-line shopping, and assistance to people applying for a Blue Badge. This enabled people to park as near as possible to their destination such as, a hospital.
- The registered manager told us, "The positive impact all of these things have on our service users is that they feel valued and feel part of their local community, able to remain as independent as possible and do more things for themselves." A staff member told us, "I have never had to contact as the [registered] manager does what they should do. I work at this service because of its values. I do it so people are safe."
- People and their relatives all praised the provider for achieving good outcomes. Examples including supporting people with complex needs to stay at home, and rarely having to attend hospital.

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

- Staff were unanimous in telling us how they were supported to be honest, open and report any concerns. One staff member said they learned when things went wrong and at various face to face, and on-line meetings.
- Information about actions taken was accessible to all staff. They could see what needed to do be done differently or better next time. As a result, records were kept up to date and were relevant to people's needs.
- The registered manager monitored the culture of the service and staff team by various means including working with staff, unannounced observations whilst staff provided care, and formal meetings. One staff member said, "I am always supported in a positive way. I always feel supported to learn and improve."

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

- The registered manager understood their responsibilities, and supported staff to have the same high standards and values. This meant suitable staff were recruited who shared this approach to care.
- Staff were reminded of their responsibilities as well as being praised when things went well. For instance, compliments about acting in an emergency and end of life care.
- The registered manager had notified the CQC about various incidents such as when there had been a shortage of staff due to COVID-19. Prompt action taken ensured people remained safe.

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

#### characteristics

- People, their relatives or advocate were involved in how their care and support was provided, and by whom and how and when this occurred.
- One person told us, "I am always asked if anything needs changing and regular reviews of my support. I trust [registered] manager. They haven't let me down."
- All practicable means possible were used to ensure people were listened to. This included using technology, e-mails, and staff interactions with people during the provision of care.

#### Continuous learning and improving care

- Audits, monitoring systems and governance of the service were effective in driving and sustaining improvements.
- Areas monitored included medicines administration, daily care notes and incidents. The provider analysed these for trends and also where actions taken had been effective, and that care records were person centred and reflected what was in their care plan.
- People told us that the systems in place helped ensure that their quality of care remained high and met their needs. One person said, "I would not hesitate to recommend the service to anyone in a similar situation." This sentiment about the quality of the service was echoed by all staff we spoke with.

#### Working in partnership with others

- The registered manager worked with a wide range of stakeholders involved in people's care. These included occupational therapists, commissioners, health professionals and palliative care teams
- The success of this joined up working meant people could remain living safely and well at home.
- A social worker had complimented the provider for working as a team and had stated they "would not hesitate to work with them again".