

# AS Hillingdon Homecare Limited Caremark (Hillingdon)

## 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 

### Overall summary

This inspection took place on 23 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. Caremark (Hillingdon) is a domiciliary care service providing a range of services including personal care for people in their own homes. This is our first inspection of the service since it was registered with us in

October 2013. There were 48 people using the service at the time of the inspection with diverse needs such as dementia, older people, learning and physical disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were confident in the staff that supported them. People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had good knowledge of whistleblowing which meant they were able to raise concerns to protect people from unsafe care.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

People received the appropriate support with their medicines as required from staff who had been trained in this area.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff to meet people's needs and to keep them safe from harm.

People were supported by staff that received regular training and support to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

People received care that was based on an assessment of their needs and preferences. They were fully involved in all aspects of their care and support and told us that staff were responsive to their individual needs. Staff knew people's needs and preferences and how they liked to be cared for.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided. Where improvements were needed, plans were put in place and action taken to make improvements.

# Summary of findings

## 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.

People told us they felt safe receiving care in their own home.

People were protected from avoidable harm or abuse by staff who knew and understood the principles of safeguarding and how to report abuse.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

People received the appropriate support with their medicines as required.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm.

Good



### Is the service effective?

The service was effective.

Staff were trained to deliver care safely and to an appropriate standard. Staff we spoke with demonstrated a good understanding of people's care and support needs and they knew them well.

The service ensured that people received effective care that met their needs and wishes.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported with their dietary needs by staff that had completed training in food hygiene and preparation.

Good



### Is the service caring?

The service was caring.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

People were cared for by staff who had developed positive, caring relationships with them.

Good



### Is the service responsive?

The service was responsive.

People received care that was based on an assessment of their needs and preferences. They were fully involved in all aspects of their care and support and told us that staff were responsive to their needs.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided. Where improvements were needed, plans were put in place and action taken to make the improvements.

# Caremark (Hillingdon)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 October and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the notifications we had received about the service.

During the inspection we met with the provider, the registered manager, field care supervisor and three care workers. We telephoned five people receiving support from the service and one relative and spoke with them about their experiences of using the service. We also obtained feedback from a commissioner of the service prior to our inspection. We reviewed three people's care records. We reviewed records relating to the management of the service including medicines management, staff records, audit findings and incident records.

# Is the service safe?

## Our findings

The service took appropriate steps to protect people from abuse, neglect or harm. People told us they felt safe and were happy with the support they received. They told us staff helped them feel comfortable and safe. Comments included “I feel very safe, they know what they are doing.” And “Before I started the care package they came to look at the house to make sure it was safe and whether I needed any equipment.”

The service had taken appropriate steps to safeguard adults at risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. The service had a whistleblowing procedure in place and staff told us that they would use the procedure if they needed to. Comments from staff included “I would report any issue that I was concerned about, no matter how small.” And “I know how to report safeguarding and am confident to do so.”

People told us they were supported to take their medicines where necessary. Each person’s individual needs and abilities relating to the administration of their medicines had been assessed. Care plans included clear information about the level of support individuals needed and how any identified risks should be addressed. For example, staff ensured that regular blood tests were carried out by the district nurse for a person that was on blood thinning medicine. All staff had undertaken medicines training to ensure that they were competent to do so safely. Staff were able to describe the different levels of support people required with regard to their medicines. The field care supervisor carried out checks on the Medication Administration Records (MAR) to ensure that staff had completed them correctly.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment records of three members of staff. All records viewed contained completed application forms that referenced the applicants’ previous employer as well

as their full employment history. Records included evidence of enhanced Disclosure and Barring Service (DBS) checks, proof of the staff members’ identification, two employment references and health declarations. This showed that safer recruitment decisions were made which reduced the risk of people receiving support from inappropriate staff. Two new staff we spoke with confirmed that they had the necessary checks carried out prior to commencing employment.

People received care and support from familiar and consistent staff. Staff told us they knew the people they supported and were allocated to work with the same group so that they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said “There is no chopping and changing of my carers, I have regular carers and they know me well. They take their time with me.” The manager told us there was a matching process in operation that ensured people who used the service were supported by staff that had the experience, skills and training to meet their needs. For example one staff told us they preferred to work with people that required palliative care. Another staff member told us they preferred to work as a live in carer.

The manager explained how they ensured there were sufficient staff with the required skills and knowledge on duty to meet people’s support needs. Each person had an individual package of care that had been determined during their assessment. Staff were deployed to ensure they provided the support that was detailed in the care package. For example, if a person required two staff to support them due to their mobility needs this was provided. The provider and manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills to deliver the package effectively.

People told us that risk assessments in relation to their personal safety and home environment had been carried out before the service commenced. One person told us “They made sure that there was no clutter so that the staff could carry out my personal care safely.” Another person said “My carer knows how to get me in and out of the bath, he is very good.” Staff were made aware of any risks during their introductory visit to the person before the care package commenced. For example, staff confirmed they were made aware of any equipment that was required to assist people with their mobility needs.

## Is the service safe?

Staff told us the service had an on call system that they could access if they required assistance outside of office hours. People told us they also had the contact numbers of the office, manager and field care supervisor. One person

said “The contact numbers are in the folder. They told me I could contact the office anytime for advice or support.” Staff reported they felt safe knowing that there was support available to them at any time of the day.

# Is the service effective?

## Our findings

People told us that staff who provided care and support to them were well trained and knew what they were doing. They told us the staff stayed for the agreed length of time, did not feel rushed and were happy to recommend the service to other people. Comments we received included “My carer is wonderful, I showed her just once how I liked things done and I have never had to tell her again.” And “The staff are well trained, confident and make me feel reassured.”

All the staff we spoke with told us the training was of a good quality, appropriate and prepared them for their roles and responsibilities. One staff told us “The training is really very good, they want us to make sure people get good care. It’s about our reputation as well.” Another said “They are always encouraging us to do training.” Staff told us they had received a thorough structured induction when they started to work at the service. One new member of staff had completed the Care Certificate (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support).

The manager told us new staff were not allowed to work with people unsupervised until they had shadowed more experienced staff to build up their knowledge and understanding of how to provide people’s specific care and support needs. Training information provided showed that all the staff were up to date with all areas of training and where additional training to meet the specific need of people was required this provider arranged this. For example, dementia care and end of life care.

People were supported by staff that received effective support and supervision. Staff we spoke with confirmed they had regular one to one meetings with the field care supervisor, monthly team meetings and an annual appraisal. The field care supervisor carried out direct observations of care practice so that they could check on the quality of the staff working practices. Staff confirmed these checks were carried out and mostly without any prior notice. Records were maintained and where improvements were identified these were addressed with the individual staff. One staff member said “You can pop into the office anytime and speak with the manager, provider or field care supervisor. You always have their support.”

People told us that staff always sought their consent before they carried out any care or support.

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for a legal framework to determine if people have capacity to make informed decisions about their care, support and treatment. The manager told us she would work with family members and other healthcare professionals if they had any concerns about a person’s ability to make a decision to ensure that care and support was provided in their best interest.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider and registered manager were aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person’s best interest and were authorised through the Court of Protection.

Where required people told us they were supported with their nutritional requirements. For example, care plans recorded whether the person required support with shopping and meal preparation. One person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. We saw people’s likes, dislikes and preferences with regard to food and drink had been recorded in their care plan.

People told us that staff helped them with their healthcare needs if they required this type of support. One person told us “If I want to see the GP my care worker makes the appointment and ensures that a home visit is arranged.” Another person told us “I was not very well and the carer called an ambulance and waited until it arrived.” People’s care records included details of their GP and other healthcare professionals that were involved in their care such as district nurses and their dentist. Records detailed any healthcare needs the person had so that the staff could support them in this area if the person required this.



# Is the service caring?

## Our findings

People spoke highly about the quality of the service they received and told us all staff were caring and understanding of their individual needs. One person said "They are excellent, I'm very happy. They are punctual and very professional." Another person said "They genuinely care about what they are doing, they have a very good attitude and are wonderful."

People told us there was always sufficient time made available for the staff to be able to carry out care and support in an unrushed manner. They said they had regular staff and this ensured they received continuity of care. People told us they had been able to specify whether they preferred a male or female member of staff supporting them, we saw evidence of this in the care records.

Before the care package started people were introduced to the staff who would be providing their care and support. They were introduced to the person by the manager or field care supervisor. People told us they were told in advance if there was a change to their regular care worker, they told us this was a rare occurrence and they had never had anyone they were not expecting turn up to provide care. One person said "I have just met my new care worker, she came round with the manager and now I know who to expect."

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. Comments included "You might be the only

person they see throughout the day. So it's important for people to feel valued and respected." And "I would treat people the way I would want to be treated and any of my own family they really know what caring is here."

People said staff respected their privacy and dignity. One person said "My carer always puts me at ease; she ensures that my dignity is maintained. I'm never rushed." Another said "I like to dry myself after my shower and the staff respect this." Staff described how they maintained people's privacy and dignity, examples given were ensuring that bedroom curtains were closed when people were being supported with their washing and dressing. Training records showed that all staff had undertaken training in person centred care.

People told us they had been asked and were listened about how they wished the care to be provided. They told us the information they had provided with was in their care plan. Care records we viewed contained information on people's preferences, hobbies, religious and cultural needs. Staff told us they read people's care plans and risk assessments before they provided care. They told us the information in the care plans helped them to understand the way people wished to be cared for. One member of staff said "All the information is in the care plan including the risk assessments. You never have to wing it here."

The service provided support to people with their end of life care. The manager said they worked with the palliative care team in supporting people at home. We saw a thank you card from a relative whose family member had received end of life care from the service, they said "My father was very grateful for your care and it enabled him to maintain some dignity with his family."

# Is the service responsive?

## Our findings

Prior to using the service, people's health and social care needs were assessed by one of the management team to ensure the service was suitable and could meet their needs and expectations. People told us they received the care they wanted. One person said "They came to see me, we went through what I could do and what I could not do and where I needed the help."

Care records contained detailed needs assessments and care plans had been developed from these that met people's needs. These provided a good picture of each person, their needs and how these were to be met. Regular reviews were carried out or whenever a person's condition changed, so the information was up to date. The care plans provided staff with guidance and instructions about how people wanted to be supported. For example, we saw for one person that they required additional support along with their live in carer to put them to bed.

Records showed us that people who used the service were contacted regularly by phone and face to face visits to reassess their needs. People who used the service said that

they were asked whether their support met their needs and whether any changes were required. For example, one person told us they no longer required support with preparing their lunch as they liked to sometimes go out at that time. Other comments we received included "They telephoned me a few days after I started the care package, to find out how things were going and whether I was happy." And "I have regular visits from the field care supervisor. They want to know if I have any concerns and whether I am happy with the service." People told us the care workers read the care plans and wrote a log about the support provided every time they visited.

People told us they knew what to do if they were unhappy with the service they received. They told us they had been provided with information on how to raise any concerns they had when they started using the service. One person said "I have no complaints. If I did have a complaint I would speak with the manager. The information is in the folder I was given before they started providing care." The service had received one complaint in the last twelve months this had been appropriately acknowledged, investigated and the outcome communicated to the complainant.

# Is the service well-led?

## Our findings

People told us the service was well-led and they felt comfortable speaking with the staff and management team. They said the service was well organised and managed. All of the people and staff we spoke with said they would recommend the service.

There was a registered manager, who had been in post at the service since it registered in October 2013. They were supported by a field care supervisor and the provider. They had several years' experience of providing care to people in their own homes. Staff told us the manager was approachable and, valued their opinions and treated them as part of the team. They told us they enjoyed working for the service. One care worker said "It's like a breath of fresh air working here, everybody wants to make sure that people get the best care. It really is like working with your family." Another care worker said "If I thought this service was no good, I would not work for them. My conscience would not allow it."

The registered manager had clear visions and values of the service. The main aim of the service was to provide high quality, flexible, person centred care and support. Staff told us they enjoyed working at the service and were committed to providing good quality care and support to people. Staff spoke confidently about the values of the organisation and how they implemented these into everyday practice. Staff confirmed there was an open and honest culture in the service and they felt able to raise issues of concern with the management team and also make suggestions on how to improve the service when needed. The manager told us she operated an "open door" policy and staff confirmed they were available and responded to any issues or concerns they raised.

Accident/Incident reports and complaints received were monitored to identify any trends and identify people at increased risk and showed that actions were taken to

reduce risks. For example, we saw that a person's risk management plan had been updated following an accident when they were shopping. This showed us that action had been taken to reduce the likelihood of further reoccurrence and that appropriate changes had been implemented.

Systems were in place to assess, monitor and improve the quality of the service. These included an audit programme to check medicines, health and safety, care records, staffing, accidents, incidents, safeguarding, complaints, staff training and risk management. The audits were evaluated and where required action plans were in place to make improvements to the service.

People told us they were regularly asked to provide feedback about their care and support. One person told us "The field care supervisor comes to see me regularly to ask me about the care." Another person said "They carry out spot checks. The girls don't know when they are coming." The manager and field care supervisor carried out unannounced spot checks and telephone interviews to assure themselves that people received the care and support that had been planned and that they were satisfied with the quality of the service provided. Records of spot checks and telephone feedback were maintained so that any issues identified could be addressed. A survey was sent to people to obtain their views of the service. We saw the findings from the latest survey carried out in 2015, the results of the survey were very positive.

The service kept up to date with good practice guidelines through various ways. Staff told us they had joined the dignity in care campaign which was run by the National Dignity Council to ensure that dignity and respect was at the centre of the care they provided. The service was a member of the UK Homecare Association (UKHCA) and the manager and provider attended various groups for staff working in homecare settings.