

T & T Care Group Ltd

# Caremark Maidstone

## 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 Maidstone is a domiciliary care service providing personal care to people living 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 providing personal care to 26 people at the time of the inspection.

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

People spoke highly of the staff and the care they received from the agency. Comments included, "We chat they are jolly, and we have a laugh. It makes me happy" and, "It's a godsend having people to help, it has been brilliant." A relative said, "I am so happy with them, they have bent over backwards to look after us."

People felt safe with staff that knew them well and knew how to meet their needs. Staff received training and knew the action to take if they suspected abuse. Staff followed guidance to reduce risks posed to people. People received consistent support from staff that had been recruited safely. Systems were in place for the event of a member of staff running late.

People's needs were assessed, and person-centred care plans were developed with them. People were involved in their care plan review and changes were made, if necessary. People were at the centre of their care and the service they received. Feedback from people, relatives and staff was sought and acted on.

Medicines were managed safely and people received their medicines as prescribed. Staff followed people's individual care plans which outlined any support they required to manage their medicines. Staff followed guidance to reduce the risk of infection.

Staff had been trained to meet people's needs and felt supported in their role. Staff spoke highly of the support they received from their line manager and the management team. One member of staff said, "I can get hold of them at any time, they get back to you straight away. I think they are an amazing company."

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 management team were committed to providing a high-quality service to people with a strive to continuous improvement. Systems were in place to monitor the quality of the service people received.

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

### Rating at last inspection

This service was registered with us on 11 July 2019 and this was the first inspection.

#### Why we inspected

This was a planned inspection based on the timescales for unrated services.

#### 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 Maidstone

## 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 completed by two inspectors and an Expert by Experience who spoke with people on the telephone. 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 and flats.

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 registered manager would be in the office to support the inspection. We also needed consent from people using the service to receive a telephone call to give their feedback about the agency.

Inspection activity started on 30th July 2021 and ended on 6th August 2021. We visited the office location on 2nd August 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it's registration. 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 five people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the provider, the registered manager and three care staff.

We viewed a range of records. This included six people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, records relating to the management of the service and 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.

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 told us they felt safe with the staff and had confidence in their ability to meet their needs. Comments included, "Yes, very safe, this company are really, really good" and "I feel very confident, if there is someone new, they have shadowed, so they are aware and know how to use the hoist."
- Staff understood what constituted abuse and what they needed to do if they had a concern that abuse may be taking place. One member of staff said, "If I suspected abuse I would record and report immediately I could be physical or emotional abuse, or medicines being administered incorrectly."
- Staff received safeguarding training and discussed any potential safeguarding incidents during team meetings. Where any concerns were raised the registered manager told us they would refer this to the local authority and undertake a full investigation, where appropriate.

Assessing risk, safety monitoring and management

- Steps were taken to identify risks to people to reduce the risk from harm. These included the risks related to skin integrity, mobility, nutrition and dehydration.
- Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, one care plans gave specific information on how safely support a person when being hoisted including where the sling needed to be placed around the person's body to prevent the person's skin being pinched.
- Staff were knowledgeable about reducing risks to people when giving care. One told us, "We are given information on the care plan with risk assessments to understand what we are walking into. If it's a risk of choking, then I would look at the texture of food they are eating. With mobility if I found there were things in the way, and they weren't using their frame I would report that back (to the office)."
- In the event of an emergency, such as bad weather, there was a contingency plan in place that ensured that people's care was prioritised based on their needs.

Staffing and recruitment

- People and relatives told us the care calls had not been missed and if staff were running late, they would be contacted by a member of staff at the office. One person said, "They are very punctual, they let me know if they are going to be late to me. They message me and are very apologetic."
- The registered manager told us in the event of sickness or absence from work this would be covered either by other staff doing calls or the care coordinators.
- Staff fed back that there were sufficient numbers of staff to cover the calls. One told us, "I don't feel under undue pressure to take on calls."
- The provider operated effective and safe recruitment practices when employing new staff. This included

requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

#### Using medicines safely

- People told us, where needed, staff supported them with their medicines. One person said, "They administer it, I am happy with this. I have no concerns, none whatsoever."
- People's medicines were administered as prescribed and recorded in the electronic medication administration records (MARs). The MAR chart had details of allergies, what medicines they needed and the reasons for this. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.
- Staff undertook training around medicines and that their competency was observed and assessed before they were signed off by a member of the management team.

#### Preventing and controlling infection

- People and relatives told us that staff adhered to good infection control measures. One person said, "Full personal protective equipment (PPE), masks, gloves and aprons."
- Staff had been trained and followed the infection control policy and procedure. Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One member of staff told us, "At the moment we wear full PPE, I have extra gloves in case. My mask is always on and I change my gloves in between personal care, giving medicine and food preparation."
- When staff attended the office during the inspection, they wore masks and adhered to social distancing. All staff were regularly tested for COVID-19 and they were following government guidelines.

#### Learning lessons when things go wrong

- When accidents and incidents occurred, staff responded appropriately to reduce further risks. One member of staff told us, "If someone has fallen, I would assess the scene at the time, I would not get them up and may use their lifeline if they have one. I would consider calling 999 and then report it all to the office."
- All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, it was agreed with the family and staff that internal doors would be closed to reduce one person from further falls.



# 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

- Information about people's needs had been assessed before the care package was taken on to ensure staff knew the service could meet their needs. A member of staff visited the person to gain information beforehand whether in the person's home or in hospital.
- Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the assessment was then used to develop care plans for people. The registered manager told us, "The field care supervisor will go out and do the first call. We are very honest with all the people about what calls times we can offer and there is always a settling in period (so they can review the times needed on each call)."

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent in their role. A relative told us they had confidence in the staff. They said, "They are very sensitive and comforting. They talk to [loved one] and see how he is. If he needs them to be slower, they do this."
- Inductions for staff were thorough and staff did not provide care independently until they were assessed as competent to do so. Staff were provided with face to face and inhouse online training, including moving and handling and safeguarding. Staff were able to attend the office and were shown moving and handling equipment and how to use it safely with people.
- Staff were all required to compete the Care Certificate [The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.] Staff were complimentary about the training and support at the service. One told us their induction consisted of "Online training modules and that was a few days' work. Then I came into the office and did the care certificate then had an induction into the company best practices."
- The registered manager and senior staff undertook regular spot checks and supervisions with staff to assess their performance and to provide support. The registered manager said, "Staff have their observations (of care) before lone working. We monitor and then go in a month later for a spot check." Records evidenced these spot checks took place.
- Staff told us they felt supported in their role. One told us, "I have had two supervisions both at the call."

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

- People told us that they were supported by staff to ensure that they had enough food and drink. People told us staff followed guidance to ensure the consistency of their food was correct to reduce the risk of choking. One person told us staff knew how they liked their cup of tea, with milk and two sugars, without them having to tell the staff.

- Staff told us they would ensure that people had enough food and drink available. One said, "The first thing I would do is look at previous notes to see what they eaten. If it's a regular call, I would check the fridge and check to see if drinks are being drunk." They told us if they were concerned, they would contact the office.
- Where there was a concern about people's nutrition and hydration, staff would record their food and fluid intake. If there was a concern, they would contact appropriate health care professionals to seek advice.

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

- Staff worked well as a team to provide effective care to people. Where there was a change to a person's health, they would update the person's electronic notes system to ensure that all staff were aware.
- When staff had a concern with a person's health, they ensured that the appropriate health care professional was consulted. The registered manager told us that one new person had returned from hospital with pressure sores. They told us they had contacted a district nurse who had arranged to visit the person.
- Information recorded in care plans showed that people had access to all healthcare professionals. Including the GP, occupational therapists and district nurses. Advice from health care professionals was incorporated into people's care.

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 told us they were asked their consent before care was delivered and were involved in making decisions about their life. One person said, "I am quite strong in that way. I tell them what I want, and they do it. If they don't do it how I like, I tell them, and they listen to me."
- The registered manager and staff were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. One told us, "We assess the capacity of someone to make decisions. It may be that someone already has a Power of Attorney (that is involved in helping the person with decisions)."
- There were people at the service that lacked the capacity to make decisions about their care. A capacity assessment had been undertaken by staff at the service. However, we fed back to the registered manager that they needed to include evidence of a meeting with the family or other relevant persons to assess what care was required and what was in the person's best interest. They told us they would ensure this was completed.

# 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 that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that staff were kind and caring. Comments included, "We chat they are jolly, and we have a laugh. It makes me happy", "It's a god send having people over to help, it's been brilliant" and "I get on really well with all of them. I know all of them by first names."
- The registered manager and staff told us it was important to them that people received empathy and support when needed. One member of staff said, "If someone is sad, it's giving them comfort. Putting your arms around them."
- People's care plans contained information about their equality and diversity such as, religious beliefs and preferred name; staff respected these.

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

- People told us that they felt involved in their care planning and were able to make choices about how their care was delivered. One person said, "I tell them what I want, they remember the next time they come."
- Care plans showed that people and relatives were asked what they wanted their care routine to be and staff understood this. People's care plans contained information about past occupations, hobbies and family.
- People were asked their preferences on what time they wanted their call and whether they wanted a male or female carer. One person told us they had made a request which was respected.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity by staff. One person told us that staff always shut the bathroom door and window blinds when supporting them to shower.
- Staff told us they ensured that people were treated with dignity and respect. One told us, "I think for me the first thing is to not patronise someone. Speak with civility and respect." They told us they would ensure they cover a person whilst providing personal care to ensure the person's dignity.
- People were provided with consistency of care with the same carer where possible which people appreciated. One person said, "I never had an issue with them. It has settled down now, we have two or three regular girls. They are really lovely."
- People were encouraged to be as independent as possible. Care plans contained information about what people can do for themselves and how they wanted encouragement and support from staff.

# 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 meet people's needs, preferences, interests and give them choice and control;  
End of life care and support:

- Care plans were personalised and included information around the person's backgrounds and how staff could support them with their care. A member of staff said, "There is good guidance on the care plans, if something changes, the girls (office staff) will text. If we notice any changes, we let the office know to update the care plans."
- Care plans provided clear detail on the daily routines specific to each person. For example, one care plan gave information on how a person liked their pillows to be placed on their bed and exactly where they wanted their glass to be placed beside their bed.
- Where the person had a specific medical condition, there was detailed guidance for staff on what the condition was and how best to support the person with this. One person had arthritis and there was information in the care plan on how this impacted the person both emotionally and physically and how staff could support them with this.
- The registered manager told us that they were not providing end of life care to a people, however, they would ensure that preferences and choices around their end of life care would be recorded.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. A relative said, "I rang once when a carer wasn't suitable. He (loved one) needs people who are lively and chatty, and she was too quiet. [Manager] agreed and she didn't send her again."
- Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. Staff supported people if they wanted to make a complaint. One told us, "I would record their complaint and then I would suggest they could call the office, or I could escalate it for them."

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.

- Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed their hearing aids in or whether they required their glasses for reading.
- One person did not speak English as a first language, although they were able to understand staff

speaking English, they communicated in another language. The registered manager had allocated a member of staff as their main carer who was able to speak the person's language.

# 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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were complimentary about the management of the service. Comments included, "It's good, managed well. I can't think of anything to be improved" and "I am so happy with them, they have bent over backwards to look after us. They have been brilliant."
- Staff were clear about their role and were positive about the management team. Comments included, "The management is very good, we don't get harassed on the phone to cover calls. The way they run it here is much better to the wellbeing of the carer" and "They are a very supportive company and they support me in my personal life. They not only care for the clients they listen and care for the staff." The registered manager told us of the provider, "I have to thank (the provider) to allow me to work the way we do."
- Audits took place to look at the care being provided that included care note audits, care plan audits and, medicine audits. The registered manager discussed any shortfalls with staff and recorded this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate.
- The registered manager and the provider told us that travel time was given between each call to ensure that staff were not rushed and to ensure that they stayed for the full length of the call. Staff said they had enough travel time and if they did not, they would contact the office and it would be addressed.

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

- The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. They continuously sought the opinions of people and their representatives to improve the quality of care by carrying out visits and telephone calls.
- There were frequent compliments from people and their relatives. One relative fed back, "Thank you for all the care and thought that you put into looking after (person), all the girls are brilliant."
- Staff told us that they felt valued and supported. Comments from them included, "Feel like I work for a company that cares. It makes me feel valued, we feel we are looked after as much as the clients. If we are having a tough time we can come in and talk it through." The registered manager told us, "Going home knowing we have delivered the best level of care from top to bottom, I go to bed smiling. I have to thank my staff for that, and they do that. They go out and they give them (people) everything. I can't fault them."

Working in partnership with others; Continuous learning and improving care:

- Steps were taken by the provider and the registered manager to drive improvements to support people

and the wider community; they worked with external organisations to help with this, including Age UK. Prior to the pandemic the provider and registered manager hosted a Dementia Monthly Café and Chattering Chums Café to help tackle loneliness. The provider told us, "We felt as a business and provider we were giving back into our community in more ways than one." They were hoping to start these sessions again once it was safe to do so.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The registered manager understood their responsibility in line with the duty of candour. There was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest. We saw when things had gone wrong with the care support, the registered manager acknowledged this with the person and made apologies.