

Carlcare Limited

# Caremark (Kingston)

## Inspection report

5-7 Kingston Hill  
Second Floor  
Kingston Upon Thames  
Surrey  
KT2 7PW

Tel: 02085497201

Date of inspection visit:  
19 January 2016  
27 January 2016

Date of publication:  
29 February 2016

### 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

This inspection took place on 19 and 27 January 2016 and was announced. We told the provider one day before our visit that we would be coming. At the last inspection on 12 February 2014 the service was meeting the regulations we checked.

Caremark (Kingston) provides domiciliary care and support to 170 people of all ages, some of whom may have dementia or a physical or mental health need. Caremark (Kingston) is part of a franchise that delivers care to people in many areas of the United Kingdom. This includes personal care such as assistance with bathing, dressing, eating and medicines; home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. Of those 170 people 95% received personal care and the remainder receive only help in their home. We only looked at the service for people receiving personal care during this inspection as this is the part of the service that is regulated by the Care Quality Commission.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff we spoke with understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This training enabled staff to support people effectively.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

People were involved in planning the support they received and their views were sought when decisions needed to be made about how they were supported. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity. Staff supported people according to their personalised care plans.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner.

Staff gave positive feedback about the management of the service. The manager and provider were approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

## 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. Staff knew how to identify the signs that people might be being abused and how they were required to respond. The provider had undertaken all appropriate checks before staff started their employment. In this way only people deemed as suitable by the service were employed.

Medicines were administered to people as safely as possible and the risks of errors were minimised. Staff received medicines training to help make sure they were competent to manage people's medicines.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

### Is the service effective?

Good ●

The service was effective. The manager and provider were aware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

When joining the service, staff had an induction programme. They also received regular training and support to keep them updated with best practice.

The provider had arrangements in place to make sure people's general health, including their nutritional needs were met. □

### Is the service caring?

Good ●

The service was caring. People were encouraged to maintain their independence.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service tried to make sure they provided the same care staff whenever possible so people had consistency and continuity of care.

### Is the service responsive?

Good ●

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs were identified.

People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.□

### Is the service well-led?

Good ●

The service was well-led by a registered manager.

Staff felt supported by the manager and provider who were approachable and encouraged an open door policy.

The provider carried out regular checks to monitor the safety and quality of the service.□

# Caremark (Kingston)

## 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 was planned to check 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 19 and 27 January 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

Before the inspection CQC sent out questionnaires to people using the service, their relatives, community based health and social professionals and staff who worked for the agency to get their views about the service. We received 16 completed questionnaires from people using the service, four from relatives, 10 from community professionals and eight from staff.

During the inspection we went to the provider's head office and spoke with the manager and the owner of the company. We also spoke with four staff. After the first day of the inspection we spoke on the telephone with eight people using the service and/or their relatives and four staff.

We reviewed the care records of five people who used the service, and looked at the records of six staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well. One person told us, "I'm very, very happy with them." Another person said, "We're very happy – the two main carers are brilliant, we'd be lost without them." Results from the survey sent out before the inspection showed that 94% of people felt safe from abuse and or harm from their care staff.

The service had taken steps to make sure staff were aware how to safeguard adults at risk. Staff told us they had received the training they needed to help ensure the safety of the people who they cared for. Training records confirmed this. Staff were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. Staff knew who to report any concerns to. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for staff to read. The manager was aware of procedures to follow in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

The provider was developing a new safeguarding leaflet to give to people and families using the service so they could easily understand what constituted abuse and the steps to take if they thought abuse was happening. This information would help to make people more aware of abuse and help to keep them safe in their own homes.

We saw people had individual risk assessments in their care files. These had been developed with the person in order to agree ways of keeping them safe whilst enabling them to have choices about how they were cared for. People's care files showed other risk assessments had been carried out to help staff to ensure their safety and maximise their independence. The risk assessments we saw covered the range of daily activities and possible risks including medicines administration and finances.

The provider had arrangements for health and safety checks of a person's home to ensure staff were working and caring for people in a safe environment. It was the responsibility of staff to report any health and safety concerns to the person and to the office so that action could be taken to remedy any faults. These procedures helped to ensure the safety of staff and the person in their home.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Staff and people had an out of hours phone number they could call which linked them to on call staff if they needed help or advice. For people without family or family near at hand, who had a Care Line emergency call bell, any calls would be put through to the on call staff who would help the person. There were contingency plans in place for example, if the computer systems in the office went down, there was another separate system that kept identical records which could be used to identify who needed a service on any given day and copies of up to date care plans. Another local office from the Caremark franchise could be used if the office became unusable. These measures helped to provide a continuity of service for people.

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with

the service. We saw this included a completed application form, employment references, proof of identity and criminal records checks. Staff had also been assessed as fit for work through a completed health declaration form. The manager told us and records showed that criminal record checks were updated every three years. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

The service had systems in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred staff would contact the office or manager as soon as possible. If required, an investigation was carried out and an action plan developed. This helped to keep people safe and avoid a reoccurrence of the incident.

The manager told us that staff generally only prompted people to take their medicines or helped to take the medicines out of the blister pack. The manager told us medicines were delivered to people's home from the pharmacy in pre-filled blister packs; this helped to mitigate the risk of errors. Once staff had prompted a person to take their medicines or had administered the medicines, staff signed the medicines administration record (MAR) to confirm these had been given. The MAR sheets were retained at the office, where they were audited for any errors. Where errors were found staff would be spoken to about the error and further checks made to ensure errors were kept to a minimum. Staff encouraged people to be as independent as possible with the administration of their own medicines. We saw records and staff confirmed they received training in the safe administration of medicines and they said this was refreshed every two years or sooner if required. The manager was revising the current MAR sheets into a more user friendly version that would further help to mitigate the risk of errors when recording the administration of medicines.



# Is the service effective?

## Our findings

People were cared for by staff who had appropriate support and training to do their job. One person said "My carers are really very good." A relative told us "We've got a really good team of carers now, which is really important as they need to understand how to communicate." Results from our survey showed that 88% of people felt their care staff had the skills and knowledge to give them the care and support they needed.

Staff told us they felt well supported by the manager, the provider and office staff and had appropriate training to carry out their roles. Four care staff told us they had received 'good and thorough induction training.' Another staff member told us "You get good training updates, the office organises it all and call you in for your training updates." The manager and staff told us that before care staff started to work with a person they would shadow other care staff or the supervisor, so that they became familiar with the person's needs and how they liked to be cared for.

The provider had their own in house trainer, this meant that training could be tailored to suit staff's needs and which caused the least disruptions to people. The provider had a training room at their office that included the necessary equipment to train staff, such as moving and handling equipment. The provider had identified a range of training courses that all new staff needed to complete as part of their induction. Staff also completed the Care Certificate training within the first 12 weeks of being employed and we saw evidence of this. The Care certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff also completed refresher training courses, including first aid; moving and handling and food hygiene. The trainer had also developed a course on Dementia Awareness, specifically for the people using the service.. This training helped staff to provide safe and appropriate support for the people using the service.

Staff told us they had not always received formal supervision sessions in the past with their supervisor but had the opportunity to talk with their supervisor either in person or over the phone and they were happy with this level of support. But this had now changed and the manager told us that the policy was for three supervision sessions a year, plus an appraisal and that they had developed a monthly schedule with the supervisors to ensure all staff had a regular opportunity to meet with them. The supervisors also conducted 'spot checks' of staff in the home they were working in and we saw notes of these checks and notes of supervision sessions on the files we inspected which were signed and dated

The manager arranged regular staff meetings every six to eight weeks to discuss any changes in procedure, legislation and any issues that had arisen. We saw copies of the minutes taken from the last two meetings these were circulated to all the staff so if they were unable to attend the meeting they were aware of what was discussed. The manager explained they aimed to keep everyone informed and up to date so that the team remained effective. Staff were given a 'staff handbook' which detailed important reminders on confidentiality, record keeping, equality and diversity, whistleblowing and the complaints procedure. This helped to ensure staff had access to policies and procedures at all times.

The majority of people who used Caremark (Kingston) were funding the support themselves, this meant that

people and their relatives had made the decision themselves to use this service and had decided on the type of support they required. It was clear from speaking with people and staff that they were actively involved in making decisions about their care and support needs.

100% of staff said in our survey that the care and support they provided helped people to be as independent as they could be. Staff we spoke with told us they encouraged people's involvement in decision making. Records we saw showed people were involved in making decisions about their care and support and their consent was sought and documented.

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

The manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved, they were, so everybody was aware of the person's ability to decide on what was in their best interests.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent. Although some of the caring staff we spoke with did not fully understand the principles of the MCA and how it could affect the people they supported. One staff member told us "We know how to look after people with dementia – we always try and get them to do what is needed for them." The manager told us that training would be organised to ensure all staff understood their duties in relation to the MCA.

We saw dietary requirements for people were detailed in their care plans for those who needed support with food preparation. Staff told us they always ensured the person had food and drinks available to them when they were on their own. Records showed that staff were trained in food safety. The manager told us when an adverse weather warning alert was received the office would send a text message to all staff to remind them to ensure the people they were supporting had extra food and drinks available to them. This helped to ensure people were kept hydrated and nourished when staff were not there.

The service supported people to meet their health needs. Staff would assist people to contact their GP or other healthcare professionals as necessary. Staff were aware of the need to contact the emergency services when necessary and inform the relatives of the person and the office. The training and support staff received had helped to ensure an efficient service that was person centred.

# Is the service caring?

## Our findings

People told us they were happy with the staff who supported them. One person said "They always do what they're supposed to do I'm very, very happy." Other people we spoke with said "Carers are very good, we are very happy with the service," and "The staff are matched to my needs, and "I'm very impressed and satisfied."

Relatives told us, "I don't know what we'd do without them, they're lovely, lovely people – fantastic," and "I can't fault him [staff], he's very good." And another relative said "They [staff] do everything they're supposed to – very good." 100% of people who replied to our survey said they were happy with the care and support they received from Caremark (Kingston).

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. One person told us "Staff are as good as family, they know my needs." A relative said "They're [staff] always smart, turn up on time – they're part of the family now." Two people did say that there were occasional problems if staff were sick or on holiday but these were not significant and always dealt with quickly by the office staff. This meant that overall people receiving a service had continuity from staff who understood their needs and were reassured by familiarity. Results from our survey showed that 86% of people received the support and care they needed to be as independent as they could be.

We heard several stories of how staff had got to know the person they were supporting and had gone the 'extra mile' to help them. One person had lost touch with their family and staff told the provider who searched on the internet and found the family members. The person and his family were now reunited. They also helped the same person to find an old work colleague. The provider told us these two acts of caring had enhanced this person's life and made them very happy. Staff on getting to know another person they cared for, learnt they had a love of horses and cars and arranged for them to go to Kempton Park races and to a car show. Both trips were a great success and enjoyed by the person.

All the people or relatives we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. Staff were able to explain what they would do to ensure a person's privacy and dignity were maintained at all times. They told us they did this by knocking on doors before entering, asking the person what they would like and listening to their reply and talking to them while assisting them.

Staff told us they wear their uniforms and staff badges so that people knew who they were. One person said "They [staff] don't need to wear name badges – we know them well, they're part of the family." A relative said "Staff are always neat and tidy and very smart." Four people we spoke with were unsure if staff wore their name badges but said it wasn't an issue as they knew the staff. We spoke to the manager about this and they said they would ensure all staff wore their badges so that people could easily see them. Where a staff member was a live in carer they were not required to wear a uniform all the time and this was agreed with the person beforehand. Staff said this helped to foster a friendly working relationship with the person.

## Is the service responsive?

### Our findings

People told us staff who provided their care knew about their wishes and support needs and cared for them accordingly. A relative said "They [staff] do everything they're supposed to – very good." Another relative said "They're [staff] very tidy, clean - and they help me when I need it too."

People's needs had been assessed and information from these assessments had been used to plan the support they received. 100% of relatives who replied to our survey said they or their family members were consulted as part of the process of making decisions relating to their relatives care and support. The manager explained they would carry out a comprehensive assessment of a person's support needs and would explain about the service to the person. This comprehensive assessment would ensure the service could provide an appropriate level of care and support to meet that person's needs.

Staff were matched with a person and where appropriate would meet the person before care started to discuss how the service might help provide appropriate support. People told us the service did not start until they were happy it would meet their needs appropriately and safely.

Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. The person using the service was involved in the development and review of their care plan. The care plans we look at evidenced that the person had signed their plan and a copy was kept in their home and in the office. Records showed that care plans were reviewed annually or more often if needed. This process helped people to express their views of the support they received and identify where any changes they thought were needed.

Where people had activities outside of their homes such as for shopping or attending healthcare appointments and they needed support to continue with these activities, appropriate support was provided according to their preferences. We heard of one person who wanted to celebrate their birthday with a trip into town for coffee and a look round the shops. Staff spoke with the manager and made all the arrangements to accompany the person, so they could have a day out as they wished. Staff accompanied another person to a family wedding and a note from the family we saw stated without this help, they would not have been able to attend, but because they had it had made the day even more enjoyable.

The provider in response to the needs of people using the service had developed a 24 hour live-in care service and a palliative care service, for people who wished to die at home. The provider had arranged additional training with the local hospice and staff had also joined hospice staff on an eight hour shift on the wards. This helped staff to fully understand the type of needs people they would be caring for would have. The responsiveness of the provider was helping to ensure people receive the service suited to their needs.

People we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or management about anything. We were shown the provider's complaints policy and procedure. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received. The manager told us they reviewed any

complaints or concerns made and this had provided them with the opportunity to improve the service appropriately.

## Is the service well-led?

### Our findings

People and the relatives who we spoke with told us they thought the service was well managed. One person said "The communication with the office is very good." A relative said "There's always someone at the office if you need to speak to them." Another said "There is good communication with the office when required, good and effective response to queries."

We found staff were positive in their attitude and they said they were committed to the support and care of the people. One staff member said, "The management and office staff are supportive and responsive to my queries or concerns." Another staff member said "Caremark are better than other agencies, they take the work more seriously." A new member of staff said "I'm quite happy so far" and another said "The manager is very good – supportive and there's good communication when you need it."

The manager and provider told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. One staff member said about management "They are lovely, really generous, I like working for the company." Staff told us that this was a fair reflection and we heard several stories of personal help being given to staff. This help from management had not only been personally welcoming but had also helped them to remain working and supporting their own families.

Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed. Several staff members spoke about the management having an 'open door' policy.

The staff and people using the service were divided into three areas and each area was allocated a supervisor. The supervisors conducted 'spot checks' by visiting a person at home or phoning them to check the care they were receiving was what they wanted. We saw that notes from telephone calls or emails were kept and that any concerns were addressed promptly and compliments passed on to staff. One person told us ""I complained once about a no-show but they got back to me immediately and were very responsive."

In response to the changes in legislation and to the expansion of the company the provider had employed a compliance officer. They were looking at all the systems used by the provider in terms of record keeping, care plans, staff support and people's satisfaction of the service received. Where changes were needed the compliance officer was developing an action plan and helping staff to understand the benefits of why the changes were needed. An example would be the implementation of new more effective MAR charts for recording medicines and for a new system of monitoring staff training and when training needed to be updated. These changes helped to ensure the systems used were current and up to date.

Senior staff in the office met every Tuesday afternoon to discuss the staff schedules and new or current users of the service. The compliance office would also take the opportunity to update staff on any aspect of the service that needed updating or checking, such as staff supervision meetings, appraisals or care plan reviews. These meetings helped to keep everyone informed and were an opportunity for staff to feedback

concerns and good news stories.

Systems were in place to monitor and improve the quality of the service. An annual survey was sent to people and relatives. Comments taken from the latest surveys described Caremark (Kingston) as, 'kind, helpful and understanding,' and described some of the staff as 'exceptional and good.' The survey also highlighted areas that people were not so happy with, these mainly related to domestic jobs that had not been completed and not to personal care. We spoke with the manager and compliance officer about the negative comments and they said that the negative comments had been compiled into a list and given to the supervisors for the particular person. The supervisors had then followed up the concern with the person and staff. This had helped to ensure concerns were dealt with promptly and resolved to the person's satisfaction.

Caremark (Kingston) is part of a franchise that delivers care to people in many areas of the United Kingdom. The manager kept up to date with changes in legislation, policies and trends through the national office of Caremark. Each franchise had an online page on the national web site where information on changes to policies or legislation could be downloaded and shared with staff. The manager also attended training course relevant to their role, these included recent courses on recruiting staff; person centred care and dignity and respect. They also kept up to date with local trends in care by meeting with another local Caremark office and by joining a provider's forum.

The provider had quality assurance systems in place to monitor the scheme's processes. The manager provided us with evidence of charting staff training. This evidenced the scope of training delivered and highlighted any training needs for staff. These systems all helped to ensure people received the care they needed delivered by appropriately trained staff.