

Care for May Limited

Caremark Lewisham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremark Lewisham is a domiciliary care service which provides 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. At the time of the inspection there were three people receiving care and support for personal care.

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

Risks to people were not consistently managed. Risk assessments and care plans had conflicting information and guidelines for staff and were not always clear.

There were quality monitoring systems in place, but these were not always effective and did not identify all the issues we found. Relatives were happy with how the service was managed. Staff were positive about the culture of the service and told us they were supported to carry out their role.

Staff received appropriate induction and ongoing training, to ensure they would be competent to fulfil their role. Care plans contained information about people's health needs and staff understood what to do if they had concerns about someone's health.

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.

People told us the staff were kind and caring. People were supported to be active and involved in every day choices. People's privacy, dignity and independence was maintained.

People and their representatives were involved in decisions about their care and support needs. Staff knew people's preferences and needs well and delivered person-centred care. Communication needs were assessed and documented, and staff knew the best way to communicate with people. You can see what action we have asked the provider to take at the end of this full report.

Rating at last inspection

This service was registered with us on 25 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection to provide the service with an inspection rating.

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.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Caremark Lewisham

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency that provides personal care to people living in their own homes.

It is a condition of the provider's registration to have a manager registered with the Care Quality Commission. This is to make sure they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was not a registered manager in post at the time of the inspection. The registered manager had left in December 2018. The nominated individual had been managing the service and was in the process of applying to be the registered manager.

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 manager would be in the office to support the inspection.

What we did before the inspection

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 this information to plan our inspection.

During the inspection

We spoke with the manager and reviewed a range of records. This included two people's assessment and

care records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two care workers and three relatives of people receiving care and support.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- Risks to people were not consistently identified and assessed. Risk assessments held generic information and guidance on how to mitigate the risk of harm. However, these measures were not specific to the individual and did not meet individual needs so was not an effective risk management plan.
- The provider undertook 'skin integrity assessments' for people at risk of developing pressure sores, but these were not always in place for people who may be at risk.

We did not find that the shortfalls we identified had resulted in harm to people receiving care and support. However, the provider did not do all that was possible to assess, manage and mitigate risks to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Staffing and recruitment

- The provider did not always follow safe recruitment processes to ensure that staff employed were suitable to work with people.
- The provider had a recruitment policy which set out all the checks that were needed before new staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. However, this policy was not always followed correctly.
- We found that references obtained were not always from the most recent or most appropriate previous employer and were not sufficient to evidence good conduct working in a similar role. We also found investigations of gaps in a candidate's employment history was not fully documented during the recruitment process. We discussed this with the provider and they have taken steps to rectify the issues we identified.

We recommend the provider reviews their processes to ensure all the necessary checks are completed during the recruitment of new staff.

Using medicines safely

- Processes for supporting people to take their medicines were not always clear. There were systems in place to assess people's ability to manage their medication independently. Assessments concluded if people were able to manage their medicines themselves or if they needed some level of support from staff. Records were conflicting about people's ability to manage medication themselves and guidelines for staff

were not clear. We found contradictory statements such as '[the person] is able to manage their medicine independently' and 'staff should prompt'. We saw that staff were prompting people to take their medicines so the inconsistent information in care records had not resulted in harm to people.

We recommend the provider ensures care plans are reviewed so staff have consistent guidance and instructions about what level of support they need to give to ensure people take their medicine safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies in relation to safeguarding were in place and staff received regular training in this area. Staff showed a good understanding of safeguarding procedures when we spoke with them, they knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied they were being taken seriously.

Preventing and controlling infection

- The provider ensured people were protected from the risk of infection. The service had an infection control policy and staff understood how to put this into practice. Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons.
- Managers checked staff were using the correct protective equipment when they did observations of staff carrying out their roles and they checked their knowledge and understanding during supervision sessions.
- Relatives confirmed staff followed the correct procedures to maintain hygiene when working in people's homes. One relative told us, "Overall the carers are clean and tidy. They always use gloves to the best of my knowledge when performing personal care tasks." Another person said, "I have no issues with cleanliness. The staff keep the place spotless."

Learning lessons when things go wrong

- There was a clear process for reporting all accidents and incidents. Staff understood their responsibility to report all accidents and incidents to their manager. A senior member of staff reviewed all incidents and ensured all necessary steps were taken to maintain safety after incidents occurred. Steps taken included instructing staff to contact the emergency services where there was a concern about someone's health.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's care needs and choices and devised care plans to meet these.
- People's relatives confirmed that they were involved with the assessment and care planning process. One relative told us, "I am generally involved in the care planning. The management always listen to the needs of [my family member]."

Staff support: induction, training, skills, and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that health and social care workers adhere when they deliver care and support.
- Each new member of staff was introduced to people receiving care by their manager and given information about their care and support needs. Staff told us the induction and ongoing training enabled them to fulfil their roles effectively. One member of staff told us, "There was lots of training when I started, some of it was online training and we also went through some things such as manual handling and first aid with the manager."
- The service had systems in place to ensure that training was refreshed regularly so staff would be kept up to date with best practice and guidelines. Staff told us they had regular supervision and an annual appraisal and records we saw confirmed this.

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

- Assessments and care plans contained suitable information about people's nutritional needs. Relatives told us they were happy with the way their family member was supported to prepare food and drinks. One person told us, "Carers do assist with breakfast and lunch preparation as well as drinks. There are no concerns with drink preparation, if ever a problem arises, they are quick to listen and adapt. Generally, food is prepared safely, and dates are checked." Another person told us, "They noticed when [my relative] wasn't eating a lot and was losing weight. They really helped get the weight back up."

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

- The service worked with other health and social care professionals to ensure people's care needs were fully met. We saw examples where the manager had contacted a person's social worker where there were concerns that their care plan was not meeting their needs.
- The service followed guidance from physiotherapists to ensure people's mobility and strength was maintained. One relative told us, "The manager attends physiotherapy and occupational therapy sessions in

order to work collaboratively with them to support [my family member] as much as possible."

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

- Care plans contained information about people's health needs and contact details for important medical professionals. Staff showed a good understanding of when they would need to refer to specialist health teams if they had concerns about people's health. We saw evidence that the service had contacted a range of healthcare professionals such as the GP or district nurse when there were concerns about people's health.
- Relatives told us the staff understood their family member's health needs well. We received comments such as, "They do keep an eye on things. At one time the carers identified some concerns such as bed sores and informed me, so we agreed to get the district nurse to come in and assess."

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.

- Staff had training in the requirements of the MCA and showed a good understanding of how to apply this in their role. They told us how they offered choices and explained things to people whenever giving care and support. One staff member told us, "It's all about communication isn't it, you need to talk to people and let them know what you are doing."
- The service ensured that all the necessary documents were in place where people had representatives who were acting on their behalf.

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; equality and diversity

- Relatives told us that staff were kind and caring and understood their relative's likes and dislikes. One relative said, "I would say that the main pair of carers that assist [my family member] and the care manager are very caring. They will often come after hours or at late notice if cover is needed and they express how much they enjoy being with them socially at the lunch visit." Another relative said, "They are kind and caring and very patient with [my family member]. They really go above and beyond."
- People received support from the same care workers. Care workers told us they provided care to regular people and relatives confirmed that this was the case.

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

- People and their representatives were regularly involved in the planning and reviewing of their care.
- Care staff told us how they regularly consulted people and their relatives on day-to-day aspects of their care. One care worker said, "It's important to build trust with people and their families. The family will let you know if things are not right or you need to change something as they know their family member best really."

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

- People were treated as individuals and with dignity and respect. Care plans were written using respectful language. There was a written record of people's history, likes and dislikes and personal interests and hobbies to give staff a broad understanding of the person as an individual.
- Care staff spoke about people in a dignified way and explained how they promoted independence and choice. One staff member told us, "I make sure to let people do what they can for themselves and they appreciate that. Even small things are important to make people feel good about themselves." Another member of staff said, "You need to be really sensitive in this job as you are dealing with people at their most vulnerable. I do whatever I can to make people comfortable and give them as much time as they need and no rushing."

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

- Care plans contained information about aspects of people's care and support preferences. One person's care plan stated that they specifically wanted no more than three regular staff to ensure their care and support was consistent and the staff would know their needs and preferences well. Records we saw confirmed the service was meeting this preference.
- Relatives told us that staff had a good understanding of people and worked flexibly to accommodate changes in mood. One relative told us, "The carers have got to know [my relative] and knows what they like and dislike. If [my relative] doesn't like anything they will find different ways to approach it or offer different choices."

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 contained information about people's communication needs with details of what communication aids people used and factors that might affect people's ability to communicate well. Staff explained how people's ability to communicate could fluctuate with changes in their physical and mental health.
- Relatives were positive about how staff communicated with their family member. One person told us, "The carers communicate well so they understand what [my relative] wants. If they are not sure about anything they ask me."

Improving care quality in response to complaints or concerns

- The service responded to complaints effectively. There was an easy read complaints policy which explained what to do if people needed to raise a complaint and what they could expect the service to do to investigate their concerns.
- People told us they were satisfied with how the service responded whenever they had raised concerns. We received comments such as, "When I have raised things before it was dealt with straight away" and "As soon as I bring the problem to light it gets sorted."

End of life care and support

- The service was not providing end of life care and support. Staff told us that they had expressed an interest in learning about this and training had been arranged.

- The provider checked whether people had Do Not Attempt Resuscitation (DNAR) orders and this information was kept with care plans.

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 requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles and responsibilities and knew when they would need to seek guidance from a more senior member of staff. One staff member told us, "I just call up the manager whenever I need advice or if I am unsure about anything. They will tell me what I need to do. I've done it before when I couldn't get in to someone's house. The manager advised me to call an ambulance, which I did."
- Quality monitoring processes were in place but were not always effective. Some of the shortfalls in the risk management plans that we found had not been identified by the manager.
- The manager did not have previous experience of working in a health and social care setting but had undertaken a range of appropriate training to provide them with the knowledge to manage the delivery of care and support.
- The service was due to have a quality audit by the franchising company as part of the ongoing support. However, audits had not been done yet so we could not be sure of their effectiveness in identifying and addressing the issues we found.

This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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;

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service took responsibility when things went wrong and ensured people and their representatives were given all the necessary information about incidents. The service took action to rectify errors and provided additional training to staff when it was needed.
- People told us the service was well managed and managers were available to discuss concerns. We received comments such as, "We are more than happy with them and will continue with them as long as we need them" and "The care manager is always at the other end of the phone and helps with many things."
- Staff were positive about the culture of the service and showed a passion for providing high standards of care and support. The service had introduced a 'carer of the month' scheme to celebrate examples of good practice and reward staff for exceeding expectations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people using the service. There were regular monitoring telephone calls to people and their relatives to gather feedback and ensure people were happy with the care and support they received. One relative told us, "The care manager does check in with [my family member] occasionally to ensure she is happy."
- The service had taken steps to engage with the local community. For example, the manager had taken part in a local carers event that had been organised by a local charity to offer support and guidance to family carers in the local area.
- The service worked with healthcare professionals such as community nurses and physiotherapists to provide effective care and support for people. One relative told us, "I believe that Caremark are a good care company and work as collaboratively as possible with us as well as other professionals."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way as the provider did not do all that was reasonably practicable to mitigate all potential risks 12(2)(b)(e)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity 17(1)(2)(a)