

Carematch Home Care Ltd

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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

Carematch Home Care Ltd is a domiciliary care service which provides personal care and support to people living in their own homes. The service supported two people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service registered with CQC in December 2019 and was temporarily inactive for a period to enable the provider to further develop their management and policy frameworks before delivering personal care to people.

This was the service's first inspection since registration. We found the registered manager (who was also the nominated individual and owner of the service) was currently solely responsible for delivering care to people. However, they were actively recruiting staff in preparation for the service to expand.

As part of this inspection, we reviewed the working arrangements and policies which support the service. Safe systems were in place in line with best practice and the provider's policies to safely recruit, manage and train staff to carry out the role of delivering personal care.

The registered manager had a sound knowledge of current health and social care guidance and legislation. They were open to making improvements and driving the quality of the service forward. They were making progress in developing their auditing, feedback surveys and governance systems to help monitor the service.

The registered manager was planning to review the provider's business continuity plan to ensure the service would continue if the registered manager was absent from their role. They were also planning to review the governance systems used to scrutinise their own care practices and skills when delivering care as part of their improvement and development plan.

People's safety and independence were promoted. People praised the care that they received and told us they felt safe when being supported in their own home.

Potential risks to people's safety had been assessed, managed and was regularly reviewed. Safe systems were in place to support people with their medicines and infection prevention and control.

Extra measures had been put into place to keep people safe during the COVID-19 pandemic such as the use of personal protection equipment (PPE) when delivering care.

People were happy with the care and support provided to them. They praised the registered manager and told us they were supported to access health care services as needed.

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 were consulted about their choices and individual decisions about their care. However, the documentation used to assess people's mental capacity about specific decisions about their care and the role of a person's lasting power of attorney was not always clear.

We have recommended the provider reviews their documentation relating to the assessment of people's mental capacity, the outcomes and people's representatives.

People told us their independence, rights, privacy and dignity was maintained at all times. People received person centred care which was based on their initial assessment, care needs and personal wishes. Care plans provided information about people's support requirements, levels of independence and the management of people's risks.

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

Rating at last inspection

This service was registered with us in November 2019 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration in November 2019, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our 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 well-led.

Details are in our well-Led findings below.

Good 

Carematch Home Care Ltd

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. 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

This inspection was announced.

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 provider or manager would be in the office to support the inspection.

Inspection activity started on 1 April 2021 and ended on 8 April 2021. We visited the office location on 1 April 2021.

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 of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager and with two people who used the service about their experience of the care provided.

We reviewed a range of records including two people's care records and medication records and a selection of staff files in relation to recruitment and staff development. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- The provider had clear safeguarding and whistleblowing policies in place to help protect people from harm and guide staff in recognising types of abuse and where to report any concerns.
- Staff were expected to attend safeguarding training to help them to understand their role as required by the provider's and local authorities safeguarding policies.
- The registered manager understood their role to protect people from harm and to raise any concerns with the local authority when needed and to inform CQC.
- People who used the service confirmed that they felt safe when being supported with their personal care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks had been appropriately identified and assessed during their initial assessment such as risks relating to people's skin and mobility.
- Risk assessments and management plans described the measures staff should take to help minimise any risks for people. The registered manager planned to review each risk management plan to ensure they described further personalised information on the management of people's risks and where to escalate any concerns.
- Information about environmental risks and those relating to COVID-19 were in place.
- The registered manager stated that since their registration with CQC, there had been no significant accidents or incidents. However, they reassured us that they would investigate into any incidents to identify the cause and update people care plans with the actions to be taken to reduce an incident re-occurring.

Staffing and recruitment

- The registered manager was the only staff member delivering personal care to people due to the small number of people being supported by the service. They were currently recruiting new staff to enable them to safely expand and support more people in the community.
- People told us they had no concerns about the care they received and that they always received their care on time. One person said, "[Name] is always on time and is so very helpful."
- The registered manager was engaging with staffing agencies to assist them in ensuring that staff would be available in an emergency.
- Recruitment policies and processes were in place to guide the registered manager in the safe recruitment of staff. Employment backgrounds, criminal checks and the rights to work in the UK documents were checked as part of the recruitment process. The registered manager stated that any discrepancies and gaps in staff's employment would be investigated and discussed as part of the recruitment process.

Using medicines safely

- Where required, people were supported to safely manage and administer their medicines.
- Medicines risk assessments were in place which detailed the management and responsibilities for ordering, administering and returning medicines.
- We reviewed a sample of Medication Administration Records (MARS) and saw they had been completed appropriately. The provider was working towards using an electronic MAR system in the near future.
- The providers medicines policy and training of staff reflected current guidance in the safe management of people's medicines.
- New staff would receive medicines training as part of their induction and their skills and competencies in managing people's medicines would be checked regularly by the registered manager.
- Medicine errors were investigated and actioned to prevent further incidents.

Preventing and controlling infection

- People were protected from the risk of infections as safe Infection prevention and control (IPC) systems were in place.
- All new staff would be expected to attend IPC and specific COVID-19 training as part of their induction process.
- People confirmed that they were supported by staff who wore the appropriate personal protective equipment (PPE) and regularly washed their hands.
- The registered manager was aware of the government COVID-19 vaccination and testing programme for health and social care workers and would ensure all staff would be tested and vaccinated in line with guidance.

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

- People's support requirements were assessed in line with current guidance as part of their initial assessment.
- People confirmed they had been directly involved in their care planning and had the opportunity to express their views and wishes. Where required, people's lasting power of attorney had been consulted as part of the initial assessment.
- The provider's service user guide and a copy of people's care plans were available in the person's own home.

Staff support: induction, training, skills and experience

- The registered manager had gained advance qualifications in health and social care which had provided them with a good understanding of the required standards of care, and health and social care legislation and guidance.
- The registered manager recognised the importance of training and supporting staff to ensure they had the skills to deliver safe and effective care. They were qualified to deliver a range of training to support and embed the knowledge that staff had gained from online training.
- We were told that all new staff would be provided with a comprehensive induction period which included shadowing the registered manager and completing the required training in line with the Care Certificate (nationally recognised set of care standards.) Staff would receive ongoing training and support in line with the provider's staff related policies.

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

- If required as part of their care package, people were supported with their food planning and preparation and shopping for groceries.
- Systems were in place to monitor people's food and fluid intake if there were concerns about their diet and hydration.
- People's personal food and drink preferences or dietary or cultural nutritional requirements would be identified as part of people's initial assessment and catered for.

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

- People were supported to maintain good health.
- The service worked collaboratively with families and community health care professionals where needed to help people maintain their health and well-being. Contact details of key family members and health care

professionals such as people's GPs were documented in their care plans.

- People confirmed that the service helped them to access important health care appointments and supported them to live healthier lives. One person gave an example of being supported to attend a COVID-19 vaccination appointment.
- Information about people's health conditions and how it impacted on their well-being and prescribed medicines were documented in their care plans.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People who currently used the service were able to consent to their care. They told us they were always given choice about the care and support they required. They confirmed that their choices and views were always respected.
- However, we found the provider's mental capacity assessments would not be effective in assessing people's mental capacity to make specific decisions about their care. The role of the lasting power of attorney held by people's representatives was not always clearly documented. We raised this with the registered manager who assured us they would review the documentation relating to people's lawful consent to care as a priority.

We recommend the provider reviews their documentation relating to the assessment of people's mental capacity and the outcomes.

- The registered manager was knowledgeable about the principles of MCA. They were aware of the importance of involving people, their legal representatives or family members and other key health care professionals to ensure best interest decisions were made on behalf of people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who received support from Carematch Home Care Ltd were all very positive about the support they received. They all highly praised the registered manager who supported them with care. One person described the registered manager as, "Absolutely wonderful".
- All the feedback we received from people was positive. People confirmed that they were continually treated with kindness and compassion. One person said, "[Name] is extremely likeable and a delightful person". They told us they had developed a good friendship with the registered manager and enjoyed their company.
- The registered manager was passionate about delivering good quality care which focused on people's individual support requirements. They spoke about people with genuine kindness and respect.

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

- People's care records included information about people's preferences and how they like to be supported and their daily living routines.
- People confirmed they were involved in the planning of their care and were happy with the care they received. We were told that staff were very attentive to their needs and ensured they were comfortable before they left.
- A service user guide was given to each person which described the expected standards of care and how to raise concerns.
- The registered manager told us they valued people's feedback which enabled them to identify concerns and drive improvements.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported effectively and with dignity when they required assistance with their personal hygiene and tasks that they struggled with.
- One person told us they liked to do as much for themselves as possible and asked for help when needed. They confirmed that they were treated with dignity and their views and choices were always upheld and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed that the care they received was personalised and met their needs. They told that the service focused on their safety and wellbeing.
- Detailed information about people's support requirements, their preferences, care and levels of independence was documented. This information would help to direct staff in providing personalised care and understanding people's support requirements and risks.
- One person told us how kind the registered manager was and how they always provided suggestions on how to solve problems. They said, "She is marvellous, always making suggestions and helping me out."

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.

- People's communication needs were assessed as part of their initial assessment. Information about people's vision, hearing and any communication devices to enable them better to communicate and understand was documented in people's care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been received since their registration with CQC, however we were assured that all complaints would be recorded, investigated and acted on.

End of life care and support

- At the time of our inspection, no one was receiving end of life support and care.
- The registered manager was clear that they would want people to remain comfortable, pain free and would support people's end of life wishes. They explained that they would review each person's end of life care needs and would implement relevant training for staff and care related documents as required to ensure the service could remain responsive to people's changing needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed the service based on high standards of care and a sound understanding of health and social care guidance and legislation. They explained that they had previously witnessed poor care and wanted to develop a serviced based on person centred values and achieving good outcomes for people.
- The service currently only delivered care to a small number of people, however the registered manager wanted to ensure their policies and processes were fully embedded and sustained before they recruited staff and expanded the service.

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

- The registered manager (who was also the owner of the service) was highly thought of by people who used the service. At the time of the inspection the registered manager was the only staff member employed to manage the service and deliver care to people.
- The registered manager continually assessed and reviewed the quality of care provided through receiving feedback from people. However, they had not implemented an effective system which would enable their own care practices to be scrutinised and monitored. For example, independent or alternative arrangements were not in place to promote transparency and to check if good practice was followed when the registered manager provided care and managed people's medicines and finances.
- A detailed business continuity plan was in place which described the actions that should be taken in the event of an emergency. However, it was unclear how the plan would be implemented if the registered manager was unable to fulfil their role in an emergency such as arranging agency staff who were familiar with people's needs in an emergency if an effective handover could not be completed.
- At the time of the inspections, the risks of these concerns were low as people who received care from the service were able to communicate any issues or missed calls. However, we discussed with the registered manager how these concerns could impact on people if they were not able to communicate poor practices or missed calls. They agreed to immediately review their business contingency plan and establish a working arrangement to scrutinise their own care practices and skills as part of their improvement and development plan.
- The registered manager subscribed to various health and social care organisations and newsletters to keep themselves up to date but may benefit from considering engaging with other networks of support.

- The registered manager had a good oversight of the service. They had developed clear policies and procedures to deliver safe and effective care to people, manage concerns and to support and develop staff. The registered manager planned to further develop the systems used to monitor the quality of the service and to ensure regulatory requirements were being met if the service expanded.
- The registered manager was currently recruiting new staff. Induction and ongoing staff development and support systems and training would be completed with staff depending on their experience and in line with the provider's staff related policies.

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

- People confirmed that their views about the care and support they received were continually sought. They explained communication from the service was excellent.
- The registered manager said that they were open to suggestions and keen to learn from the experiences of people and future staff to assist them in further developing the service.

Continuous learning and improving care

- A system to review all complaints, safeguarding, accidents and other incidents monthly was being implemented to assist the registered manager in monitoring and improving the service and take learning from any incidents.

Working in partnership with others

- The registered manager provided examples of how they had worked jointly with people, their relatives and health and social care professionals to ensure people's well-being and health was being maintained in their own home and help prevent hospital admissions.